

**COMMUNITY ADVISORY COMMITTEE DOCUMENTATION**

The information collected on this form may be used to document good faith effort by the licensee to establish a community advisory committee as required in s. 50.03, Wis. Stats. and HFS 83.07(4), Wis. Admin. Code. Completion of this form is optional and other forms of documentation may be accepted. The license applicant will complete and maintain this form, or other forms of documentation, such as meeting minutes, agenda items, attendees, in the facility's files for review by the licensing specialist.

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Proposed Facility Name

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Address

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City

State

Zip Code

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1. If you had a meeting with area neighbors please respond to the following questions:

a. On what date was your meeting with area neighbors held?

b. How many people attended this meeting?

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2. If you do not plan to hold a meeting with area neighbors, please explain below how you made a good faith effort to establish a community advisory committee. Verifiable documentation of your effort to communicate with area neighbors must be maintained in facility files.

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3. Is a community advisory committee being formed? ☐ Yes ☐ No

a. If YES, please provide the information pertinent to the composition of your committee on the back of this form.

b. If NO, please explain on the back of this form why a committee is not being formed.

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SIGNATURE – Applicant

Date Signed

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Address

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City, State and Zip Code